



Incident Report

Print Date/Time: 07/02/2016 06:10
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00012578

Incident Date/Time: 6/30/2016 6:58:00 AM
Location: SR 204 / MARKET PL
LAKE STEVENS WA 98258
Phone Number: (949) 243-5615
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0134-Lyons
19S15	SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ORFANT, BRIAN		(949) 243-5615			
2	Involved Party	STEWART, CLAYTON MATTHEW				Male	02/19/1977

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2006	Ford			C20650F	WA
Involved Vehicle	Passenger Car					AFC5223	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

06/30/2016 : 07:49:59 SP0331 Narrative: FEM CALLER ADV THEY SAW UNIT ON 204 W/NO OFCR IN IT, THEN SAW A "DIRTY" PERSON COME OUT OF THE WOODS, WANTED TO MAKE SURE THE OFFICER WAS OK AND THAT THEY WERENT LOOKING FOR ANYONE

06/30/2016 : 07:05:39 SP0307 Narrative: OTHER HALF CALLED IN, SAYS HE EXCHANGED INFO,WANTS A PH, CLAYTON STEWART AT 425-835-9762

06/30/2016 : 07:00:35 sp0346 Narrative: LR 346

06/30/2016 : 07:00:16 sp0346 Narrative: SB SIDE

06/30/2016 : 06:59:23 sp0346 Narrative: CC, 2 VEH, GRN RANGEROVER VS TRUCK, PULLED OVER ON SHOULDER, NON INJ



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-00012578VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) ORFANT BRIAN D.		RACE	ETHNICITY	SEX M	D.O.B. 11/2/51	AGE 51	HGT 6'	WGT 210	HAIR BLK	EYES GRN
STREET ADDRESS 10518 1ST PL. NE				CITY LAKE STEVENS			STATE WA		ZIP 98258	
HOME PHONE 425-212-9119		CELL PHONE 949-243-5615			WORK PHONE 425-266-9474					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT					

STATEMENT:

AS I WAS DRIVING SOUTH ON HWY 204 JUST PAST MARKET PL WHERE THE ROAD MERGES A LARGE FORD DIESEL TRUCK EXCELERATED CAME UP ALONG SIDE OF MY VEHICLE AND HIT THE LEFT REAR CORNER. I COULD HEAR AND SEE THE SMOKE FROM HIS TRUCK AS HE BEGAN TO TRY AND PREVENTIVE FROM MERGING. HE WAS EXCELERATING TO CLOSE UP THE GAP BUT I WAS WELL AHEAD OF HIS TRUCK.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Brian D. Orfant</i>	DATE SIGNED: 6/30/16
OFFICER/NUMBER: <i>C. Lyons #134</i>	DATE SIGNED: 6/30/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

ORIGINAL

Page 1 OF 1


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E559237CASE # **2016-00012578**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	06	30	2016	0658	31						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
STATE ROUTE 204		BLOCK NO. <input type="checkbox"/>
		MILE POST <input type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
150 00 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	MARKET PL

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 9492435615
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LAST NAME	ORFANT	FIRST NAME	BRIAN	MIDDLE INITIAL	D
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STREET NEW ADDRESS	10518 1ST PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	27380752	STATE	TX	SEX	M	D.O.B. MMDDYYYY	11	23	1964
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	1	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AFC5223	STATE	WA	VIN#	SALSF25446A922359
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	LNDR	MODEL	RANGE	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # USAA GENERAL INDEMNITY 02734 51 81G 7101 5
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 4258359762
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LAST NAME	STEWART	FIRST NAME	CLAYTON	MIDDLE INITIAL	M
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STREET NEW ADDRESS	14722 61ST ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STEWACM237CR	STATE	WA	SEX	M	D.O.B. MMDDYYYY	02	19	1977
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	1	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C20650F	STATE	WA	VIN#	1FTSW21P76EB01756
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	FORD	MODEL	F250	STYLE	PS	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # STATE FARM 1370673E0147B
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	C. LYONS	BADGE OR ID #	0134	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E559237**CASE # **2016-00012578**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS

06-30-16 09:36 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

W. AUKERMAN 0072

DATE

7/1/2016 7:28:48 AM

BADGE OR ID #	0134	ORI #	WA0311900	TIME POLICE DISPATCHED	6:58 AM	TIME POLICE ARRIVED	7:06 AM
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PART B 3000-345-160 R (7/06)

PAGE **2** OF **4**

REPORT NO. E559237

CASE # 2016-00012578

DATE AND TIME
OF COLLISION

06/30/16 06:58

NARRATIVE

Today 06-30-16, at approximately 0658 hours, I responded to a collision that occurred westbound on State Route 204, just past the intersection of Market PI in Lake Stevens. The collision involved two vehicles, which were reported to be pulled over onto the shoulder with non-reportable injuries.

Upon arrival, Unit 1 stated he was attempting to change lanes from an ending right lane, when Unit 2's front passenger tire collided/rubbed into the rear driver's side tire/panel of his vehicle. Unit 1 and Unit 2 pulled over to the shoulder and exchanged words of who had the right of way. Unit 2 stated he did not want to have a confrontation, so he provided his name and number to Unit 1 and drove away from the scene. Unit 2 called into 911 immediately after leaving the scene and provided additional information.

Unit 1 stated when he went to change lanes, he heard Unit 2's diesel engine accelerate and saw a black cloud of smoke from the acceleration, just before the collision occurred.

Unit 2 stated via phone, his vehicle did not suffer any damages, nor did he suffer any injuries. Unit 1 suffered minor damages to the rear driver's side panel, wheel, and tire of his vehicle. The minor damages were black tire tread marks on the rear panel, just above the rear tire. Unit 1 stated he was not injured and did not need the care of Aid. Unit 1 was able to drive away from the scene.

Prior to leaving, Unit 1 completed an incident statement form, which has been submitted into the case jacket. Unit 1 was provided a collision case number with an exchange of information. Unit 2 was later contacted via phone, where he also was given a collision case number and an exchange of information.

This concluded my involvement in the collision, where I cleared the call.

Officer C. LYONS #134, Lake Stevens Police

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT (RCW 9A.72.085) AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

C. LYONS #134

6/30/2016

Lake Stevens, WA

Officer

Date

Location Signed

REPORT NO. E559237

CASE # 2016-00012578

DATE AND TIME
OF COLLISION 06/30/16 06:58

